# INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Maari Ma Health Aboriginal Corporation

Name:

Mr Jason Gowin

Position:

Co-ordinator, Health Checks

Telephone:

**Date Received:** 

31/08/2005

Theme:

Summary

#### Dental Issues Maari Ma Aboriginal Health Corporation

## Annual Adult Health Checks & Healthy Kids Checks

- Annual health checks screening "well" populations. Menindee in February this year, Ivanhoe August this year. Dental screening occurs during the health checks.
- Menindee screened around 200 people:

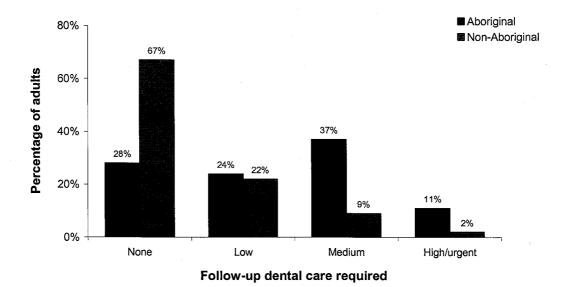
## Need for dental treatment post Menindee annual adult health check

The need for dental treatment was assessed for each person who had his or her teeth checked. The categories for dental treatment are outlined below as well as the number of people in each category:

Category	Need for dental treatment	No. of people
None	No dental problems—to have a routine dental check within 12 months	93
Low	Very minor dental problems—to see a dentist within 6 months	45
Medium	Some dental problems—to see a dentist within 4-8 weeks	41
High	High levels of dental decay and/or widespread gum disease and/or long standing low-grade infection—to see a dentist within 2-4 weeks	11
Urgent	Severe swelling or trauma to teeth or gums—to see a dentist immediately	1

The majority of people (49%, n=93) required no or low-level dental follow-up. Only 1 person required urgent dental follow-up. The level of dental follow-up was not recorded for three people.

## Follow-up dental care required by Aboriginality



This equates to approximately 25% of people screened required dental treatment. Health promotion is a big part of dental screening

#### Dental Issues Maari Ma Aboriginal Health Corporation

We (Maari Ma, RFDS, GWAHS, Justice Health, Sandra Meihubers) have managed to arrange an extra 12 days of dental care post Menindee AAHC. There are still 20 people waiting for follow-up. There are many issues related to successful treatment – travel certainly being one of them

In the next 12 months there will be health checks in the following communities:

- Menindee approximately 200 adults and 100 kids
- Wilcannia approximately 150 adults and 80 kids
- White Cliffs approximately 80 adults and 30 kids
- Balranald approximately 200 adults and 100 kids
- Dareton approximately 200 adults and 100 kids
- Tibooburra 80 adults and 30 kids

Total of 1300 people -25% of 1300 = 325 people will require dental follow-up in the next 12 months

#### General issues

- Broken Hill fluoridated but not small communities
- need populations sizes of communities services by MM (BHill, Menindee, Ivanhoe, Wilcannia, Dareton, Balranald etc)
- Small numbers dental personnel (related to populations and distances):
   Broken Hill: 3 private dentists, Barrier Dental with occasional dentists, very little access to public dental care (no adult public dental clinic, weekly clinics provided by RFDS dentist at Morgan St school dental clinic)
  - RFDS dentist provides twice monthly visits to MM dental clinic
  - currently no dental therapist (maternity leave)

Dareton / Wentworth / Balranald: 1 FTE dental therapist

Balranald: 1 dentist

- RFDS dentist provides rostered services to remote communities including upper western sector; difficult to get beyond emergency care and some restorative; virtually no denture work
- "incomplete" dental clinics in BH, Wilcannia, Ivanhoe; equipment but no surgery in Dareton (still "incomplete"); creates dependency on RFDS dentist, not possible to employ independently......need to develop travelling dental kit to supplement "incomplete" clinics
- Emergency and treatment focussed, no primary care or oral health promotion, particularly no Indigenous related oral health education material

#### Dental Issues Maari Ma Aboriginal Health Corporation

 Recent visit by Justice Health dental locum, required good cooperation between GWAHS dental program and Maari Ma; again, difficulty in having no independently functioning dental clinic.

#### **Dental Data**

DMFT = numbers of decayed, missing, filled teeth (due to dental decay) in permanent teeth

dmft = numbers of decayed, missig, filled primary ("baby" teeth)

	DMFT 11-13 yrs	dmft 5-6 yrs
Walgett - Indigenous - all kids	5 times NSW non-Ind. average 4 x NSW non-Ind. average	8 times NSW non-Ind. average 8 x NSW non-Ind. average
Bourke - Indigenous - all kids	6 x non-Ind. average 5 x non-Ind. average	7 x non-Ind. average 5 x non-Ind. average
Wilcannia - Indigenous - all kids	2.5 x non-Ind. average 2 x non-Ind. average	7 x non-Ind. average 6 x non-Ind. average

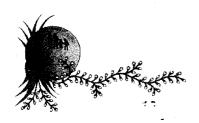
<sup>-</sup> ie very high levels of dental caries, preventable

#### **Adults**

- there are no state averages to compare DMF with

## Where to

- Focus on primary health care especially kids: on the ground primary care teams, early detection and screening, tooth brushing programs in schools ie reference to Healthy Start program and Maari Ma's Chronic Disease Strategy
- Develop appropriate oral health promotion strategies including relevant oral health information resources
- Establish travelling dental kit of instruments and materials, to enable opportunities of hiring dentists / locums independently
- Explore feasibility of fluoridating towns with populations large enough for cost effectiveness ie >1000 population.
- Lack of research into best practice dental care for remote / Indigenous communities?



# **Greater Western** Area Health Service





# MAARI MA ANNUAL ADULT HEALTH CHECK DATASHEET

		INDIGENOUS STATUS:			
SURNAME:		☐ Aboriginal ☐ TSI ☐ Both	Indigenous		
GIVEN NAMES:		☐ Neither ☐ Not Stated	non-Indigenous		
DATE OF BIRTH:/		FAMILY HISTORY:			
ADDRESS:		☐ Stroke ☐ Diabetes			
TELEPHONE: ( )		☐ Heart Disease	Family Hx Y/N		
MEDICAL HISTORY:					
☐ Diabetes ☐ Hypertension	☐ Kidney Diseas	se 🚨 Chronic Lung Disease	· · · · · · · · · · · · · · · · · · ·		
☐ Diabetes in Pregnancy ☐ High Cholester	rol 🗅 Asthma	☐ Heart Disease	Vascular Hx Y/N		
CURRENT MEDICATIONS:					
NAME	DOSE	FREQUENCY			
LIFESTYLE:					
SMOKING:	· A	LCOHOL:			
Do you smoke / still smoke?  Yes No I have quit	••				
· ·					
How do you feel about your smoking?  NOT planning on quitting  Thinking about					
□ NOT planning on quitting □ Thinking about I am planning on quitting	out quitting				
T am planning on quitting					
Action	Date A	ction	Date		
NUTRITION:	P	HYSICAL ACTIVITY:			
How much fruit did you eat in the last 24 hours?	Di	id you do any physical activity in the las	st week?		
☐ Enough ☐ Not Enough		I Yes □ No			
How many vegetables did you eat in the last 24 ho	ours? H	How many days did you do physical activity?			
☐ Enough ☐ Not Enough		I Enough ☐ Not Enough			
Action	Date A	ction	Date		
WOMEN'S HEALTH:			<b>1</b>		
LAST PAP SMEAR:			Refer WHN Y/N		
LAST MAMMOGRAM:			Refer Mammogram Y/N		
ANTHROPOMETRY:					
HEIGHT:(m) WEIGH	T:(kg)	BMI:			
	11(Ng)	D////			
WAIST:(cm) HIPS:	(kg)		Refer Dietician Y/N		
WAIST: (cm) HIPS: PHYSICAL ASSESSMENT:	, _,		Refer Dietician Y/N		

TOTAL CHOLESTS					~~~		ted	
			HDL:					
			VLDL:	DL:			N	No.
ALBUMIN:		•	TC/HDL RA	ATIO:		********************		<u> </u>
CREATININE:	-	f 7:	BGL:				Refer Dietic	cian Y/
ACR:	ACR:					.→ MSU: \	IN Refer GP	Y/
SEXUAL HEALTH:								
Urine for Chlamydia	2, 504, 50 4, 6972, 50	o 40 years): <b>Ye</b> :	s / No	3. S. S. S. S. S. See, 182		A. 188 (A. 18 18 18 18 18 18 18 18 18 18 18 18 18	15 - 40	
<del></del>				No				
Has the client been sexually active without using condoms: Yes / No Signs / Symptoms: Pain / Discharge / Sores / Concerns								Y/
S & EWB;				yandhiiky			Li Massi	
The Control of the Co	e 2 = A little of the t	ime 3 = Some of	f the time 4	1 = Most of th	ne time 5 =	All of the ti	me	
Mood	Sad Hopeles		Tired	CONTRACTOR SERVICE	0 – 7 low / 8	ACAMA CANADATA	3370736	
Score (1-5)					16 – 25 high		Refer MH 7	Team Y/
DENTAL: Year of	last visit:	Anumain. 1	Van / Na		-		/Na	*
DENIAL: Year of	iast visit:	Any pain: `	Yes / No	Sign	ns – Sympto	ms: Yes	Refer Denta	ist Y/
HER ISSUES:			- 75.5 ESS.5	roll fer Francisco		Section 1		- 1241 - 1255 115 FE SECTION 1
· · · · · · · · · · · · · · · · · · ·		PR	OVIDER:				DATE	//20
REFERRALS TO:	ABNORN	PR MAL RESULT		PPOINTME ARRANGEI	NT TRA	NSPORT RANGED	DATEREFERRAL COMPLETED	//20 INITIAL / DATE
	ABNORN BP / Pulse / MSU	MAL RESULT		PPOINTME	NT TRA	NSPORT	REFERRAL	INITIAL/
REFERRALS TO: GP Dietician		IAL RESULT	ACR Y/	IPPOINTME ARRANGEI	NT TRA	NSPORT RANGED	REFERRAL COMPLETED	INITIAL/
GP Dietician	BP / Pulse / MSU	IAL RESULT	ACR Y//	APPOINTME ARRANGEI N Time:	NT TRA	NSPORT RANGED Y/N	REFERRAL COMPLETED Y/N	INITIAL/
GP	BP / Pulse / MSU	IAL RESULT	ACR Y//	APPOINTME ARRANGEI N Time: N Time:	NT TRA	NSPORT RANGED Y/N Y/N	REFERRAL COMPLETED Y/N Y/N	INITIAL/
GP Dietician WHN	BP / Pulse / MSU	IAL RESULT	ACR Y//	APPOINTME ARRANGEI  N Time:  N Time:  N Time:	NT TRA	NSPORT RANGED Y/N Y/N	REFERRAL COMPLETED Y/N Y/N Y/N	INITIAL/

Y/N Time:

Y/N Time:

Mamogram

Quit

Y/N

Y/N

Y/N

Y/N

			<del></del>	<del></del>
		्र उद्		
Team recruited.     Training for dental assistant organised.	Service     commenced in     communities.	Dentist engaged     Program     developed     Staff trained     Program     implemented	Fresh fruit     provided at recess     at Menindee     Fresh fruit and     bottled water for     indigenous     children on Sports     Days in RH	Dietitian recruited     Nutrition programs     in place
Jun 06		90 unr	Jun 06	Sep 05 Jun 06
PHCTL	Aboriginal Health Coordinator (AHC)	PHCTL	AHC	PHCTL Healthy Start CNC
<ul> <li>Make agreement with the GWAHS for the team to work within the NSW Child Dental Program.</li> <li>Recruit to the positions.</li> </ul>	<ul> <li>Arrange training for the dental assistant.</li> <li>Orientate the team to the region and the role.</li> </ul>	<ul> <li>Engage the public health dentist to advise on the program.</li> <li>Map out the program.</li> <li>Train local staff</li> <li>Implement program in conjunction with other Healthy Start activities.</li> </ul>	<ul> <li>Provide fresh fruit at recess at Menindee</li> <li>Provide fresh fruit and bottled water for indigenous children on Sports Day at BH primary school.</li> </ul>	Recruit a dietitian     Orientate dietician to the CDS and Healthy Start program     Engage dietician in the development of the Healthy Start programs     Begin planning for the Tooty Fruity Veg Program to be introduced in BH, Menindee, Ivanhoe
Establish a regional child oral health team comprising a dental therapist and Aboriginal	dental assistant.	Develop a prevention program that can be delivered by local primary health care teams	Continue to roll out the existing child nutrition initiatives in Menindee, Ivanhoe and Broken Hill as per grant from 'Smart Dudes Eat Good Food' program.	Engage a dietitian to work with the Healthy Start CNC and the Oral Health team to drive the child nutrition programs
Provide access to regular oral health check	ups in Wilcannia, Menindee and Ivanhoe.	Provide access to preventative oral health care in all communities	Promote healthy eating	Provide dietitian support for the Healthy Start program